

<b>Case Number:</b>	CM14-0043904		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/02/2004
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old male with a 1/2/04 date of injury. The mechanism of injury occurred when the patient missed a step while getting out of a truck. According to a handwritten progress report dated 8/26/14, the patient complained of back pain while walking and ankle pain. Objective findings: uses walker for ambulation. Diagnostic impression: myofascial pain syndrome, low back syndrome, depressive disorder. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/12/14 denied the requests for Vimovo and Rayos. Regarding Vimovo, there was no rationale provided for the request for Vimovo for the patient and no functional improvements were noted due to the use of this medication. Regarding Rayos, the patient was not noted to have a diagnosis of rheumatoid arthritis, psoriatic arthritis, or ankylosing spondylitis, for which Rayos is indicated. There were no subjective or objective findings for the patient, which noted functional improvements due to the use of Rayos.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Vimovo 500/20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index , 11th edition (web), 2013, Pain Chapter, Vimovo (Esomeprazole magnesium/Naproxen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 9792.24.2 Page(s): 68 67. Decision based on Non-MTUS Citation Pain Chapter, NSAIDSMedical Evidence: FDA (Vimovo), FDA (Omeprazole).

**Decision rationale:** According to the FDA, Vimovo contains a combination of esomeprazole and naproxen. The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There was no documentation of functional improvement or improved activities of daily living to support the continued use of naproxen. In addition, there is no rationale provided as to why the patient needs a combination product as opposed to taking the NSAID and proton pump inhibitor separately. Therefore, the request for Vimovo 500/20mg #60 with 2 refills was not medically necessary.

**Rayos 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/rayos.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back ChapterFDA (Rayos).

**Decision rationale:** The California MTUS does not address this issue. The ODG states that corticosteroids are recommended in limited circumstances for acute radicular pain. It is not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. According to the FDA, Rayos (prednisone) is a delayed-release corticosteroid tablet used to treat a broad range of diseases including rheumatoid arthritis (RA), polymyalgia rheumatica (PMR), psoriatic arthritis (PsA), ankylosing spondylitis (AS), asthma and chronic obstructive pulmonary disease (COPD). According to the progress reports reviewed, it is noted that the patient has been taking Rayos on a chronic basis. There is no documentation that the patient has a radicular component to his pain. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, there is no documentation that the patient has a diagnosis of rheumatoid arthritis (RA), polymyalgia rheumatica (PMR), psoriatic arthritis (PsA), ankylosing spondylitis, (AS), asthma, or chronic obstructive pulmonary disease (COPD). Therefore, the request for Rayos 5mg #30 was not medically necessary.

